

LOBBYING STATEMENT REGISTRATION FORM

To be used for changes to registrations and terminations.

1999

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date:

1/11/99

Rees

1990509

1435
\$10.00
KSD

JAN 12 PM 2:35

1. NAME DAY JUDY Ewell
Last First MI

2. BUSINESS PHONE 225-752-0258

3. BUSINESS ADDRESS 14664 Old Perkins Rd E. Baton Rouge LA 70810
Street and No. City State Zip

4. EMPLOYER self

5. EMPLOYER'S ADDRESS 14664 Old Perkins Rd E. Baton Rouge LA 70810
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Woman's Health Foundation, Woman's Hospital
Address PO Box 95009, Baton Rouge, LA 70815
Business or purpose healthcare / hospital

☐ New Representation

Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name The American Cancer Society
 Address 4919 Jamestown Ave. Baton Rouge, LA 70808
 Business or purpose cancer treatment, prevention + advocacy
☐ New Representation
 Does this person pay you? yes
 If No, who pays you? _____
☐ Terminated Representation as of _____
3. Name The Louisiana Foundation Against Sexual Assault
 Address PO Box 40, Independence, La. 70443
 Business or purpose rape crisis / assault prevention
☐ New Representation
 Does this person pay you? yes
 If No, who pays you? _____
☐ Terminated Representation as of _____

State of Louisiana
 Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Judy Ewell Day, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Judy Ewell Day
 Signature of Lobbyist

Sworn to and subscribed before me on this 11th day of January, 19 99

Ben [Signature]
 Notary Public



STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS
8401 UNITED PLAZA BOULEVARD
SUITE 200
BATON ROUGE, LA 70809-7017
(225) 922-1400
FAX: (225) 922-1414

January 20, 1999

Judy E. Day
19664 Old Perkins Road
Baton Rouge, La 70810

Dear Lobbyist:

The Louisiana Board of Ethics received your Lobbyist Registration Form. Your Registration was accepted and filed. You have been assigned Lobbyist Registration Number 107 for the year 1999. I have enclosed a receipt for your registration fee.

If you have any questions, please feel free to contact the staff of the Ethics Administration Program.

Very truly yours,

LOUISIANA BOARD OF ETHICS

Kathy Dedon Jr.
Kathy Dedon

Enclosure

JUDY EWELL DAY
L.I.C. 419655 PH. 504-751-3006 WK 753-0258
19664 PERKINS RD
BATON ROUGE, LA 70810

1435

DATE 1-11-99

44-11704
001023620

Board of Ethics

PAY TO THE ORDER OF

ten \$ 100/100

\$ 100.00

DOLLARS

CNB CITY NATIONAL
BANK
OF BATON ROUGE
Baton Rouge, Louisiana

MEMO Reg. Fee - 1999

00650004110 0058 83520 143559

Judy E. Day

LOUISIANA GOV. OFF. OF ETHICS

SUITE 1000

1401 UNITED PLAZA BLDG.

BATON ROUGE, LA 70803

Receipt

Date 1/13/99

No. 436304

RECEIVED FROM

Judy Ewell Day

\$ 100.00

DOLLARS

FOR ITEM

FOR 1999 Lobbying Registration (#107)

FROM

TO

ACCOUNT	
PAYMENT	10.00
BALANCE DUE	

cash
☒ check #1435
☐ money order

BY W. Sugram

TC1182